

## Services for the child and youth years



Pediatric rehabilitation helps children and youth live well, build resiliency and take part in activities meaningful to them and their families.

Care involves children, youth and families every step of the way. Families and healthcare providers work together to:

- Take part in activities that are important to them
- Set therapy goals and activities to help children and youth develop skills
- Recover from a range of health conditions




AHS offers services for children and youth who have neuro/developmental and/or medical conditions.



Children aged 6 to 18 years are eligible for episodes of care if they have a functional need that requires rehabilitation to participate in the home or community, even if involved in another public or private service.




AHS provides pediatric rehabilitation in community, outpatient and specialized rehabilitation settings. The healthcare providers involved in care may vary.

The services AHS offers for children and youth in the child and youth years and when they may be eligible:



	Eligible Rehabilitation (Therapy) Services	What words might my doctor or therapist use? What does this mean for my child/youth and family?
	<b>Result of recent injury, surgery or medical intervention requiring therapy</b>	<p>Acute change in function and/or new functional needs resulting from surgery, medical intervention or injury.</p> <p><b>What does this mean?</b> A change in a child or youth's function or how they manage day to day after an injury, surgery or medical intervention.</p>
	<b>Clear Speech: Using speech sounds</b>	<p>New functional speech concerns due to diagnosed or undiagnosed speech delays and disorders, including: articulation, phonology, functional concerns of unknown etiology, motor/neurological (e.g. dysarthria, childhood apraxia of speech, brain injury), structural (e.g. cleft palate, orofacial anomalies), sensory perceptual (i.e. hearing impairment).</p> <p><b>What does this mean?</b> A child or youth may have difficulty being understood by others because of how they say their sounds, words or sentences.</p>
	<b>Clear Speech: Speaking smoothly and easily</b>	<p>Fluency, dysfluency, stuttering or cluttering.</p> <p><b>What does this mean?</b> A child or youth may have difficulty talking or being understood due to stuttering.</p>
	<b>Clear Speech: How the voice sounds</b>	<p>Voice and resonance; voice disorder; hypernasality; hyponasality.</p> <p><b>What does this mean?</b> A child or youth's voice may sound harsh, hoarse or too high or low pitch. It may seem like they are 'talking through their nose.'</p>
	<b>Eating, Feeding and Swallowing</b>	<p>Eating, feeding and swallowing; needs related to efficient and safe oral consumption; often referred to as 'dysphagia'.</p> <p><b>What does this mean?</b> A child or youth may have difficulty feeding, eating or swallowing foods and liquids. They may avoid having foods or liquids in their mouths, have a limited diet, and may cough, gag, or have difficulty gaining weight.</p>

	Eligible Rehabilitation (Therapy) Services	<b>What words might my doctor or therapist use?</b> <b>What does this mean for my child/youth and family?</b>
	<b>Equipment to support communication</b>	<p>Augmentative and Alternative Communication (AAC) for children with complex needs; complex needs consider medical needs, service needs and child and family needs; using 'AAC'; requiring multidisciplinary health team, specialty technology or customized equipment.</p> <p><b>What does this mean?</b>                      Children and youth may need specialized strategies or equipment such as speech generating devices to communicate. Customization of technology and equipment will likely be needed for the child to access and use the communication system, along with a multidisciplinary health team. AHS may provide an AAC episode of care for children and youth, transitioning care to primary care providers</p>
	<b>Equipment to support movement and function</b>	<p>Splinting, orthosis, serial casting; new functional need because of injury, surgery, illness and/or a newly identified, or change to medical or neuro/developmental conditions/delays)</p> <p><b>What does this mean?</b>                      Using splints or casts to help improve a child or youth's range of motion, strength, reduce pain or muscle tone to support participation; help improve a child's function when they have had a big or really obvious change in how they move their body, related to their medical or neuro/developmental condition, including newly identified health conditions.</p> <p>New functional needs related to underlying medical or neuro/developmental condition, requiring therapeutic equipment. Equipment related to wheelchair, seating, positioning equipment may include wheelchairs and cushions, standing frames, mobile standers, walkers, gait trainers, feeder seats and others.</p> <p><b>What does this mean?</b>                      Using assistive devices such as wheelchairs, walking aides or adaptive equipment to help improve a child or youth's function when they have a new functional need because of injury, surgery, illness and/or a newly identified, or change to medical or neuro/developmental conditions/delays.</p>

	Eligible Rehabilitation (Therapy) Services	What words might my doctor or therapist use? What does this mean for my child/youth and family?
	<b>Hearing: Childhood screening</b>	<p>Hearing screening; screening when there is a hearing concern or a need to rule out hearing loss as part of a differential diagnosis; point of entry to Audiology services.</p> <p><b>What does this mean?</b> Children and youth who may not be responding to sounds, voices or words or developing speech and language as expected can have their hearing screened to find out if there are any problems with their hearing.</p>
	<b>Hearing: Assessment and management</b>	<p>Audiological assessment and management; hearing health, hearing loss, tinnitus, balance and/or dizziness; includes standard assessments, Diagnostic Pediatric Auditory Brainstem Response, Auditory Evoked Potentials; Vestibular.</p> <p><b>What does this mean?</b> Different methods are used to assess a child or youth's hearing. The balance or vestibular system can also be assessed. Follow up for children at risk for hearing loss and for those with permanent hearing loss and using cochlear implant or bone conduction hearing devices is offered.</p>
	<b>Moving</b>	<p>Functional mobility, movement and motor skills.</p> <p><b>What does this mean?</b> Services may be available when a child or youth has new functional need because of injury, surgery, illness and/or a newly identified, or change to medical or neuro/developmental conditions/delays.</p>
	<b>Taking care of self (e.g., getting dressed, personal hygiene, doing chores)</b>	<p>Occupational Participation in Self-care, Productivity and Leisure</p> <p><b>What does this mean?</b> Services may be available when a child or youth has difficulty doing their daily activities such as dressing, toileting or doing chores and when new functional need occurs because of injury, surgery, illness and/or a newly identified, or change to medical or neuro/developmental conditions/delays.</p>

## What are my options if my child is ineligible for AHS services?

You may wish to look into:

- Alberta Education: Consider talking to your child's school about your concerns.
- Family Supports for Children with Disabilities (FSCD): Families must meet criteria to be eligible for the program. Visit the [website](#) to learn more.
- First Nations Health Consortium: The First Nations Health Consortium helps families access education, health or social programs to meet their child's needs. The team reduces stress on families by helping them navigate provincial and federal service systems. If there is a gap in services or lack of a program available to meet the child's needs, they work with the family to complete and submit an application for Jordan's Principle funding. See the [First Nations Health Consortium website](#).
- Private practice: Families can choose to pay out of pocket or use third-party insurance to visit a private or community provider of their choice. These websites may be helpful for finding private practice therapy services:
  - [Alberta Association of Audiologists](#)
  - [Alberta Association of Physiotherapy](#)
  - [Alberta Speech-Language Association of Private Practitioners](#)
  - [Society of Alberta Occupational Therapists](#)